

Food and Facilities Program

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www.kingcounty.gov/health

Use of Restroom Agreement

The Mobile Food Service unit (cart/vehicle/trailer) or Limited Food Service (movable building) owner/operator must ensure that approved toilet facilities are available for employees. The restroom must be readily accessible within two hundred feet of the food service during all times of operation and if at any one location for more than one hour. The restroom must be provided with adequate hand washing facilities ...and be fully plumbed to city water and sewer (or to an approved septic system). Sanicans/Honey Buckets not allowed. Running water at the hand wash sink must be 100°F or more. Plan/Permit approval is contingent upon thorough documentation of the accessibility of the restroom. Provide documentation (map/site drawings) noting the route and exact location of the restroom. Indicate the distance in feet from the food service unit to the restroom. Restroom keys must be provided for employee use of the restroom if the business hours of the food service are different from the business with the restroom. (**All** of these items must be addressed and documented ...as incomplete plan submittals may delay approval.) Indicate which of the following is available at the restroom location:

- ☐ Hot water at hand-wash sink(s) at or above 100°F
- ☐ Hand washing cleanser: ☐ Liquid ☐ Powder ☐ Bar soap
- ☐ Hand drying provision: ☐ Disposable towels ☐ Heated-air drying device ☐ Continuous clean towel system
- ☐ Required sign or poster which notifies food employees to "wash their hands" clearly visible
- ☐ Key accessibility to restroom (if applicable)
- ☐ Distance from food service to restroom (in feet): _____
- ☐ Food service hours of operation: _____

Restroom Accessibility Information: Name of Business: _____
Address: _____ City: _____ Zip: _____
Contact Person: _____ Title: _____ Phone: _____
Business Hours of Operation: _____
Email: _____
What retail/service activity takes place at this facility? _____

Mobile Unit/Vendor Information: Name of Business: _____
Owner/Operator: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Days/Time at Restroom: _____
Email: _____

(Restroom Owner/Agent – Printed Name & Title)_____
(Mobile/Vendor – Printed Name & Title)_____
(Restroom Owner/Agent – Signature & Date)_____
(Mobile/Vendor – Signature & Date)

This agreement between the owner/agent of the restroom and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the restroom facilities as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the restroom or mobile food unit owners, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King County Mobile Food Service Operators Permit may be suspended.**